

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

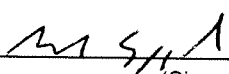
LOBBYIST REGISTRATION FORM

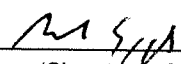
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Egged	Richard	Harry	(808) 923-1094
MAILING ADDRESS (Street)			FAX
2255 Kuhio Avenue			(808) 923-2622
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96815	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Waikiki Improvement Association			(808) 923-1094
MAILING ADDRESS (Street)			FAX
2255 Kuhio Avenue Suite 760			(808) 923-2622
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96815	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Rick Egged			(808) 923-1094 Ext. 4
MAILING ADDRESS (Street)			FAX
2255 Kuhio Avenue Suite 760			(808) 923-2622
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96815	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 _____ (Signature of Lobbyist)	3-8-07 _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Rick Egged		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President
NAME OF ORGANIZATION (if applicable) Waikiki Improvement Association		TELEPHONE (808) 923-1094
MAILING ADDRESS (Street) 2255 Kuhio Avenue Suite 760		FAX (808) 923-2622
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 _____ (Signature of Authorizing Officer or Person Represented)		3-8-07 _____ (Date)